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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF PCT/GB99/03168 10/11/1999  
AND CLAIMS BENEFIT OF 60/115,952 01/14/1999 C.C.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9822075.9 10/10/1998 C.C.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

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35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Elis Chow C.C.</i> Examiner's Signature	Initials			

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**TITLE**

Program code conversion

FILING FEE RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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